

Age/Division:	Team Name:
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** Pitching Sheet must be presented at the plate meeting, failure to show pitching sheet will result in **FORFEIT**

** Pitching sheet must be filled out and signed by both coaches after each game in **PEN**

** A Single pitch is considered a full inning

** Games will not start until this form is presented at the plate meeting

Game 1:	Date:	Your Score:	Opponent Score:	Opponents Team Name:
Pitchers Names: Last name, First Initial		Uniform Number:	Number of Innings:	
1				Opponents Coach Signature:
2				
3				
4				Your Signature:
5				
6				

Game 2:	Date:	Your Score:	Opponent Score:	Opponents Team Name:
Pitchers Names: Last name, First Initial		Uniform Number:	Number of Innings:	
1				Opponents Coach Signature:
2				
3				
4				Your Signature:
5				
6				

Game 3:	Date:	Your Score:	Opponent Score:	Opponents Team Name:
Pitchers Names: Last name, First Initial		Uniform Number:	Number of Innings:	
1				Opponents Coach Signature:
2				
3				
4				Your Signature:
5				
6				

Game 4:	Date:	Your Score:	Opponent Score:	Opponents Team Name:
Pitchers Names: Last name, First Initial		Uniform Number:	Number of Innings:	
1				Opponents Coach Signature:
2				
3				
4				Your Signature:
5				
6				

Thank you for playing in the Jeffco Cooperative Fall Baseball League!

